



STATE OF ALABAMA
UNCLAIMED PROPERTY DIVISION
P. O. Box 302520 Montgomery, AL 36130-2520
Toll Free 888-844-8400 Fax 334-242-9620
Email: unclaimed@treasury.alabama.gov
www.treasury.alabama.gov

CLAIM BY PERSON/ENTITY ACTING ON BEHALF OF OWNER

Purpose of Affidavit:

If the Owner lacks legal capacity to execute the Limited Power of Attorney herein, a copy of a Durable Power of Attorney in effect at the time the claim is filed must be attached to this form.

Code of Alabama Section 35-12-93 provides guidance on agreements between Owners of Unclaimed Property and persons or entities the Owner hires or retains to locate, deliver, recover or assist in the recovery of Unclaimed Property. This law limits the total compensation for such services to not more than ten percent (10%) of the value of the amount claimed. Under certain circumstances such an agreement may be void or unenforceable. If you are uncertain about your rights or restrictions under this law, you should consult an attorney. Section 35-12-93(e) provides that it is the **sole responsibility of the Owner** to enforce this law.

Required Documentation to be submitted with claim:

1. Executed Unclaimed Property claim form
2. A copy of your driver's license or government-issued identification card
3. A copy of representative's driver's license or government-issued identification card
4. This form fully executed

For Treasury Use:

Reference property # _____ Claim # _____ Total assets held \$ _____

Limited Power of Attorney

I _____ (Claimant’s name), do make, constitute and appoint _____ (hereinafter Representative) to act on my behalf in filing a claim for Unclaimed Property in the possession of the Office of State Treasurer. I authorize my said Representative to have access to unclaimed property record information, to include the amount held, reported owner personal account information (information available as determined in claim approval process), and to provide information about me that is required to complete the claim process. I understand that any funds determined to be payable to me will be paid in my name only and not in the name of my Representative.

I hereby release and hold harmless the Office of State Treasurer, Unclaimed Property Division, and the employees or agents of said offices for any and all actions they may take in reliance upon the representations made by me or my Representative in the claims process.

Mail the Unclaimed Property Check, if approved, to me at the following address:

I understand that this Limited Power of Attorney will be in force for a period not to exceed 120 days from the date I signed as Claimant.

Done this ____ day of _____, 20____.

Print Name Signature

Daytime Telephone Number: (____) _____ - _____

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, who is known to me and who, upon being duly sworn, deposed and said that he/she has read the **foregoing Affidavit**, signed it voluntarily, and that it is true and correct to the best of his/her knowledge and belief.

Sworn to and Subscribed before me on this the ____ day of _____, 20____.



Notary Public
My Commission Expires: _____

For Treasury Use:

Reference property # _____ Claim # _____